



RECIPROCITY FORM FOR THE STATE OF TENNESSEE

Tennessee Department of Agriculture, Porter Building, PO Box 40627, Nashville, TN 37204

(615) 837-5148 Fax (615) 837-5012

Reciprocity applicants must complete this form and attach a copy of the front and back of their card. You will be notified by the reciprocity state if a fee is required.

Applicators Name _____ Social Security Number _____

Home Address with city, state, and zip code _____

Daytime Phone Number with Area Code _____ Fax Number with Area Code _____

Certification # _____ Certification Expiration Date _____

License # _____ License Expiration Date _____

Was license or certification issued based on reciprocity? No ___ Yes ___ Which State _____

Category of Certification or License Category Description

_____	_____
_____	_____
_____	_____

Has license or certification been suspended or revoked? No ___ Yes ___ (if yes, explain) _____

Pending Enforcement Action? No ___ Yes ___ (if yes, explain) _____

Additional Information/Comments: _____

DO NOT WRITE BELOW

Information verified by:

Signature _____ Date _____

Print Name _____ Title _____

Agency Address & phone _____